



CONTACT INFORMATION REFRESHER

The purpose of the following form is to collect as much contact information as possible for each cadet, for use in contacting cadets and their parents/guardians when required for operational and/or emergency purposes. Please fill out this form as completely as possible!

- **If any phone numbers listed are limited to certain hours, please indicate the start and end times of when we may call that number.**
- **Please fill this form in CAPITAL LETTERS.**
- **Please fill all name fields using legal names listed on government issued photo ID.**

SECTION 1 – Cadet Information

This section is for cadet information only. If, for example, the cadet doesn't have their own cell phone or email address, please indicate "N/A" – do NOT put parent/guardian information in these fields.

Cadet's Surname: _____

Cadet's Given Name(s): _____

Cadet's Phone Numbers: Home: _____ Cell: _____

Cadet's Email Address: _____

SECTION 2 – Parent/Guardian Information

This section is for the information to reach the parent/guardian. As a reminder, if certain phone numbers are limited to certain times of day (E.g. work phone) please indicate this.

Parent/Guardian 1 Full Legal Name _____

Phone Numbers Home: _____

Relationship (Select One)

Father Mother

Cell: _____

Legal Guardian

Other (specify below)

Work: _____

Email: _____

Parent/Guardian 2 Full Legal Name _____

Phone Numbers Home: _____

Relationship (Select One)

Father Mother

Cell: _____

Legal Guardian

Other (specify below)

Work: _____

Email: _____

Cadet's Surname: _____

SECTION 3 – Emergency Point of Contact

This section is for the information of a person who is not a member of the immediate family and can be contacted in the event of an emergency if we cannot reach either parent/guardian. Space is provided for two contacts, however only one is mandatory. If you wish to provide more than two contacts, please attach an additional sheet.

Emergency Contact 1 Full Legal Name _____

Relationship to Cadet: Aunt Uncle Grandparent Family Friend
 Other (specify: _____)

Phone Numbers Home: _____

Cell: _____

Work: _____

This person is authorized to pick up / drop off the cadet: Yes No

Emergency Contact 2 Full Legal Name _____

Relationship to Cadet: Aunt Uncle Grandparent Family Friend
 Other (specify: _____)

Phone Numbers Home: _____

Cell: _____

Work: _____

This person is authorized to pick up / drop off the cadet: Yes No

SECTION 4 – Signature Block

By signing this form, you certify the information contained herein is true and complete to the best of your knowledge; you agree to inform the Administration Officer of any changes as soon as possible; and you understand that any authorizations to pick up / drop off the cadet are standing authorizations for the training year until cancelled in writing by you.

Parent/Guardian PRINT NAME: _____

Parent/Guardian SIGNATURE: _____

Date Signed: _____